

MDR Tracking Number: M5-04-257301

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on April 19, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The therapeutic exercises from 04-23-03 through 05-30-03 (6 units of CPT code 97110 on 04-23-03 and 04-25-03 and 5 units of CPT code 97110 from 04-28-03 through 05-30-03) and the office visits, neuro-reeducation, and mechanical traction from 04-23-03 through 05-30-03 **were found** to be medically necessary. Two units of the therapeutic procedures from 04-23-03 through 05-30-03 **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 24th day of August 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 04-23-03 through 05-30-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 24th day of August 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/pr

July 9, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-04-2573-01
TWCC #:
Injured Employee:
Requestor:
Respondent:
----- Case #:

----- has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ----- IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ----- for independent review in accordance with this Rule.

----- has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ----- external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in physical medicine and rehabilitation and is familiar with the condition and treatment options at issue in this appeal. The ----- physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ----- for independent review. In addition, the ----- physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a female who sustained a work related injury on ----- . The patient reported that while at work she fell from a ladder injuring her lumbar spine, left ankle and right calf. An EMG performed on 7/10/03 indicated electrophysiological evidence indicative of a mild right L5, and/or S1 radiculopathy. The diagnoses for this patient have included lumbar sprain/strain and status post ankle sprain without any supporting radiographs. Treatment for this patient's condition has included aquatic and active physical therapy from 4/9/03 through 5/30/03. The patient was unable to undergo x-rays or take medications due to her pregnancy.

Requested Services

Ther Exer, MP-OV, neuro reeducation and mech tract from 4/23/03 through 5/30/03.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Summary of Health Care Providers Position 4/14/04
2. Progress Notes 4/23/03 – 5/30/03
3. EMG study report 7/10/03
4. Review of Medical History and Physical Exam 7/2/03

Documents Submitted by Respondent:

1. Progress notes 11/27/02 through 1/9/03

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

Rationale/Basis for Decision

The ----- physician reviewer noted that this case concerns a female who sustained a work related injury to her left ankle, right calf, and right & left hip on ----- . The ----- physician reviewer also noted that the patient received physical therapy from 1/7/03 through 2/6/03 for right SI sprain, right ankle pain and low back pain. The ----- physician reviewer indicated that the patient was treated with modalities, exercise, massage, gait training and education and that by 2/6/03 the patient had good reduction in her left ankle pain. However, the ----- physician reviewer noted that the patient had continued significant low back pain and that the treatment for this condition was limited due to her pregnancy. The ----- physician reviewer indicated that the patient received physical therapy from 4/23/03 through 5/30/03 for the same diagnoses that consisted of therapeutic exercises, neuro-reeducation and traction. The ----- physician reviewer noted that traction for this patient was provided once on 5/1/03, that no modalities were provided during this period, and that a left ankle stabilizer was issued on 5/20/03. The ----- physician reviewer explained that physical therapy provided for the left ankle was repetitious of the physical therapy provided 1/7/03 through 2/6/03. The ----- physician reviewer indicated that the patient could have continued the exercises for the ankle independently at home. The ----- physician reviewer explained that the physical therapy provided for her low back pain was medically necessary because the previous physical therapy had not resulted in much reduction of her pain. The ----- physician reviewer also explained that this patient's pain level was documented twice between 4/23/03 through 5/30/03. The ----- physician reviewer indicated that an EMG study wasn't performed until 7/10/03. The ----- physician reviewer explained that the physical therapy was provided based solely on clinical findings of low back pain and that the patient's pregnancy also complicated the treatment. Therefore, the ----- physician consultant concluded that the therapeutic procedures provided for the left ankle from 4/23/03 through 5/30/03 (2 units of CPT code 97110 daily) were not medically necessary to treat this patient's condition. The ----- physician consultant also concluded that the remaining units of therapeutic procedures performed from 4/23/03 through 5/30/03 (6 units of CPT code 97110 on 4/23/03 and 4/25/03 and 5 units of CPT code 97110 from 4/28/03 through 5/30/03) were medically necessary to treat this patient's condition. The ----- physician consultant further concluded that the office visits, neuro-reeducation, and mechanical traction from 4/23/03 through 5/30/03 were medically necessary to treat this patient's condition.

Sincerely,